



COUNTY OF FAIRFAX

Department of Planning and Zoning

Zoning Evaluation Division

12055 Government Center Parkway, Suite 801

Fairfax, VA 22035 (703) 324-1290

TTY 711 (VA Relay)

APPLICATION No: _____

(Staff will assign)

APPLICATION FOR A VARIANCE

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME
	MAILING ADDRESS
	PHONE HOME () WORK ()
PROPERTY INFORMATION	PROPERTY ADDRESS
	TAX MAP NO. SIZE (ACRES/SQ FT)
	ZONING DISTRICT MAGISTERIAL DISTRICT
VARIANCE REQUEST INFORMATION	ZONING ORDINANCE SECTION (staff will fill this out)
	NATURE OF REQUEST [check the item(s) and fill in as appropriate]
	A. To permit construction of [check the appropriate item(s)]: ____ story dwelling, addition, deck, roofed deck, accessory storage structure accessory structure, _____ feet from the: front, side, rear lot line _____ _____
	B. To permit the subdivision of ____ lot(s) into ____ lot(s) with proposed lot(s) # _____ _____ having a lot width of _____ feet _____ _____
	C. To permit the construction of a fence greater than ____ ft. in height in the [check the appropriate item(s)]: front yard, side yard or rear yard.
D. Other _____ _____	
AGENT/CONTACT INFORMATION	NAME
	MAILING ADDRESS
	PHONE HOME () WORK ()
MAILING	Send all correspondence to (check one): Applicant -- or -- Agent/Contact
The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter onto the subject property as necessary to process the application.	
_____ TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT	

DO NOT WRITE IN THIS SPACE

Date application received: _____ Date application accepted: _____ Application Fee Paid: \$ _____